

Case Number:	CM15-0162303		
Date Assigned:	08/28/2015	Date of Injury:	02/17/2015
Decision Date:	09/30/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/19/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker was a 47 year old male, who sustained an industrial injury, February 17, 2015. The injury was sustained when the injured worker tripped and fell. The injured worker previously received the following treatments right ankle MRI, Lyrica. The injured worker was diagnosed with avulsion fracture of the distal aspect of fibular bone, tear of the collateral ligaments in the right ankle and neurapraxia involving the common peroneal nerve, superficial peroneal nerve, deep peroneal nerve and posterior tibial nerve. According to progress note of June 2, 2015, the injured worker's chief complaint was right ankle pain. The treatment plan included repair of the collateral ligaments and diastasis of the right ankle. The injured worker continued to have pain with walking and standing. The injured worker was using a CAM boot for ambulation. The injured worker was also complaining of nerve pain that caused cramps and tingling into the right foot and ankle. The physical exam noted the injured worker had positive Tinel's sign involving the peroneal nerve, superficial nerve, posterior tibial nerve and deep peroneal nerve on the right the leg, foot and ankle. There was decreased sensation over the right leg, foot and ankle. The strength to the lower extremities was 5 out of 5. The injured worker was positive for the drawer sign in the right ankle. There was pain over the collateral ligaments and where the avulsions fracture of the right ankle. There was pain above the ankle joint when weight bearing. The injured worker was having tingling in the right foot when sitting.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Repair of the Collateral Ligaments and Diastasis of the Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot, Online Version, Lateral ligament ankle reconstruction (surgery); <http://www.ncbi.nlm.nih.gov/pubmed/11153988>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, lateral ligament ankle reconstruction.

Decision rationale: CA MTUS/ACOEM guidelines are silent on the issue of lateral ankle ligament reconstruction. According to the ODG, Ankle section, lateral ligament ankle reconstruction, criteria includes conservative care, subjective findings of ankle instability and objective findings. In addition there must be evidence of positive stress radiographs demonstrating at least 15 degrees of lateral opening at the ankle joint performed by a physician or demonstrable subtalar movement. There must also be minimal arthritic joint changes on radiographs. In this case the exam note from 7/2/15 does not demonstrate evidence of stress radiographs being performed. Therefore the determination is for non-certification, therefore is not medically necessary.